

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black
lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

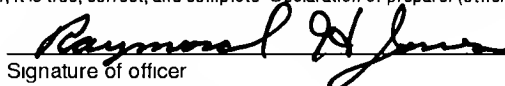
2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning **AUGUST 01**, 2009, and ending **JULY 31**, 2010

| | | | | |
|---|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization D.A.R.P. INC | | D Employer identification number |
| | | Doing Business As | | 73-1611805 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | E Telephone number |
| | | 14100 NORTH 477 ROAD | | (918) 456-9100 |
| City or town, state or country, and ZIP + 4 | | G Gross receipts \$ 976,273 | | |
| Tahlequah OK 74464 | | | | |
| F Name and address of principal officer | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | If "No," attach a list (see instructions) | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | | |
| J Website: ▶ N/A | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 2001 | M State of legal domicile OK | |

Part I Summary

| | | | | |
|---|---|--|--------------------|---------------------|
| ACTIVITIES & GOVERNANCE | 1 Briefly describe the organization's mission or most significant activities See attachment #1 | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 4 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 2 | |
| | 5 Total number of employees (Part V, line 2a) | 5 | 13 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | | |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -5,136 | |
| | REVENUE | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | | 9 Program service revenue (Part VIII, line 2g) | 976,273 | 976,273 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | |
| 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 976,273 | 976,273 | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 394,160 | 422,498 | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 668,662 | 668,212 | | |
| 18 Total expenses -- add lines 13-17 (must equal Part IX, column (A), line 25) | 1,062,822 | 1,090,710 | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -86,549 | -114,437 | | |
| ASSETS & LIABILITIES | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year | |
| | 21 Total liabilities (Part X, line 26) | 357,388 | 1,503,577 | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 357,388 | 1,503,577 | |

Part II Signature Block

| | | | |
|---------------------------------|---|--------------|---|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | |
| | Signature of officer  RAYMOND JONES Type or print name and title | | Date 12-14-10 |
| Paid Preparer's Use Only | Preparer's signature ▶ TAXES TODAY | Date | Check if self-employed <input checked="" type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ TAXES TODAY 14754 EAST 33D STREET Tulsa, OK 74134 | EIN ▶ | Preparer's identifying number (see instr.) |
| | Phone no ▶ (918) 794-2789 | | |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:

See attachment #2

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes☒ No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes☒ No

If "Yes," describe these changes on Schedule O.

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 927,453 including grants of \$ _____) (Revenue \$ 976,273)

See attachment #3

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 927,453

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. N/A | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | | X |
| 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | X |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | | |
| • Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | |
| • Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | |
| • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | |
| 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | | X |
| 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | Yes | No |
| | 12A | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A | 24d | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | X |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | X |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|---|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country. N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? N/A | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | X |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

| | Yes | No |
|--|-------------|----|
| 1a Enter the number of voting members of the governing body. | 1a 4 | |
| b Enter the number of voting members that are independent | 1b 2 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | X |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | X |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | 5 X | |
| 6 Does the organization have members or stockholders? | 6 X | |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b X | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a The governing body? | 8a X | |
| b Each committee with authority to act on behalf of the governing body? | 8b X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9a | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

| | Yes | No |
|---|--------------|----|
| 10a Does the organization have local chapters, branches, or affiliates? | 10a | X |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | |
| 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 X | |
| 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a X | |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b X | |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c X | |
| 13 Does the organization have a written whistleblower policy? | 13 | X |
| 14 Does the organization have a written document retention and destruction policy? | 14 X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | |
| a The organization's CEO, Executive Director, or top management official? | 15a X | |
| b Other officers or key employees of the organization? | 15b X | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► OK

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► See attachment #4

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|-------------------------------|--|----------|---------------|---------|--------------|---------------------|--------|--|---|---|
| | | INDIVIDUAL | DIRECTOR | INSTITUTIONAL | OFFICER | KEY EMPLOYEE | HIGHEST COMPENSATED | FORMER | | | |
| MACKIE A BENTLEY EMPLOYEE | 40.00 | | | | | | X | | 78,000 | 0 | 0 |
| RAYMOND H JONES PRESIDENT | 75.00 | | | | X | | | | 99,200 | 0 | 0 |
| LYNN D JONES VICE-PRESIDENT | 75.00 | | | | X | | | | 51,450 | 0 | 0 |

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|--|---------------------------|---------------|---------|-----------------|----------------------|--------|---|---|--|
| | | INDIVIDUAL | DIRECTOR OR TRUSTEE | INSTITUTIONAL | OFFICER | KEY EMPLOYEE | HIGHEST EMPLOYEED | FORMER | | | |
| | | | | | | | | | | | |

| | |
|---|---|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ |
|---|---|

| | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | | X |
| 5 | | X |

| | | |
|---|--|---|
| 4 | | X |
|---|--|---|

| | |
|---|---|
| 5 | X |
|---|---|

| | | |
|---|--|--------------------------------|
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. | |
| | (A) Name and business address | (B) Description of services |
| | | (C) Compensation |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► | |

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|--|---|----------------------|--|---|---|
| G O T H E R C O N T R I B U T I O N S | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, & similar amounts not included above | 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f | \$ | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| P R O G R A M R E V E N U E | 2a | | Drug and Alcohol Recov | 624310 | 976273 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 976273 | | | |
| | O T H E R R E V E N U E | 3 | Investment income (including dividends, interest, and other similar amounts) | | | | |
| 4 | | Income from investment of tax-exempt bond proceeds | | | | | |
| 5 | | Royalties | | | | | |
| 6a | | Gross Rents | (i) Real | (ii) Personal | | | |
| b | | Less: rental expenses | | | | | |
| c | | Rental income or (loss) | | | | | |
| d | | Net rental income or (loss) | | | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b | | Less: cost or other basis and sales expenses | | | | | |
| c | | Gain or (loss) | | | | | |
| d | | Net gain or (loss) | | | | | |
| 8a | | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| b | | Less: direct expenses | b | | | | |
| c | | Net income or (loss) from fundraising events | | | | | |
| 9a | | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| b | | Less: direct expenses | b | | | | |
| c | | Net income or (loss) from gaming activities | | | | | |
| 10a | | Gross sales of inventory, less returns and allowances | a | | | | |
| b | | Less: cost of goods sold | b | | | | |
| c | | Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions | | 976273 | | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 228650 | | 228650 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 165510 | 165510 | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 28338 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 394 | | | |
| c Accounting | 4725 | | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 .. | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 3243 | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 30550 | | | |
| 17 Travel | 1945 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 18993 | | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a CLIENT CARE-FOOD, CLOTHING, ME | 214331 | 214331 | | |
| b COUNSELING/LABOR | 163707 | 163707 | | |
| c AUTO/TRUCK EXPENSE | 134812 | 134812 | | |
| d UTILITIES | 57805 | | 57805 | |
| e SUPPLIES | 20587 | 20587 | | |
| f All other expenses | 17120 | 11998 | 5122 | |
| 25 Total functional expenses. Add lines 1 through 24f | 1090710 | 710945 | 291577 | |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|-----------|--------------------|
| A S S E T S | 1 Cash -- non-interest bearing | 35,591 | 1 | 33,415 |
| | 2 Savings and temporary cash investments | | 2 | 121,477 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a 1,348,685 | | |
| | b Less: accumulated depreciation | 10b | 10c | 1,348,685 |
| | 11 Investments -- publicly traded securities | | 11 | |
| | 12 Investments -- other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments -- program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 321,797 | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 357,388 | 16 | 1,503,577 | |
| L I A B I L I T I E S | 17 Accounts payable and accrued expenses | 357,388 | 17 | 1,023,577 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | 480,000 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 357,388 | 26 | 1,503,577 |
| N E T A S S E T B A L A N C E S | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | 27 | |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 0 | 33 | 0 |
| | 34 Total liabilities and net assets/fund balances | 357,388 | 34 | 1,503,577 |

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

b Were the organization's financial statements audited by an independent accountant? . . .

c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . N/A

| | Yes | No |
|-----------|-----|----|
| | | |
| 2a | X | |
| 2b | | X |
| 2c | X | |
| | | |
| 3a | | X |
| 3b | | |

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

73-1611805

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- (I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (II) A family member of a person described in (i) above?
- (III) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(I) | | X |
| 11g(II) | | X |
| 11g(III) | | X |

h Provide the following information about the supported organization(s)

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

Part VII Investments -- Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments -- Program Related. See Form 990, Part X, line 13

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) | | |

Part IX Other Assets. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|----------------|
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) | |

Part X Other Liabilities. See Form 990, Part X, line 25

| 1. (a) Description of liability | (b) Amount |
|---|------------|
| Federal income taxes | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) | |

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete** if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

D.A.R.P. INC

Employer identification number

73-1611805

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . .

N/A

| | Yes | No |
|----|-----|----|
| 1b | | |

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

| | | |
|---|--|---|
| 2 | | X |
|---|--|---|

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

| | | |
|----|--|---|
| 4a | | X |
| 4b | | X |
| 4c | | X |

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement? . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

| | | |
|----|--|---|
| 5a | | X |
| 5b | | X |

a The organization? . . .

b Any related organization? . . .

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

| | | |
|----|--|---|
| 6a | | X |
| 6b | | X |

a The organization? . . .

b Any related organization? . . .

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . .

| | | |
|---|--|---|
| 7 | | X |
|---|--|---|

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . .

| | | |
|---|--|---|
| 8 | | X |
|---|--|---|

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . .

| | | |
|---|--|---|
| 9 | | X |
|---|--|---|

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

D.A.R.P. INC

Employer identification number

73-1611805

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year
under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|--|------|----------------------------------|-----------------|-----------------|----|---|----|---------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| RAYMOND H JONES | X | | 515,000 | 480,000 | | X | X | | X | |
| Total ▶ \$ 480,000 | | | | | | | | | | |

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|--|-----------------------------------|
| | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|------------------------------|---------------------------------|---|----|
| | | | | Yes | No |
| PRESIDENT LYNN D JONES | HUSBAND AND WIFE | | PRESIDENT AND VICE PRESIDENT | X | |

For Privacy Act and Paperwork Reduction Act Notice, see the
Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

D.A.R.P. INC

Employer identification number

73-1611805

EACH BOARD MEMBER IS GIVEN A COPY OF FORM 990 TO REVIEW ON THEIR OWN
ALL DOCUMENTS ARE AVAILABLE FOR PUBLIC UPON REQUEST

PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

| | |
|--------------------------------------|--|
| Open to Public Inspection | For calendar year 2009 or tax period beginning 08-01, and ending 07-31-2010. |
| Name of Organization D.A.R.P. INC | Employer Identification Number 73-1611805 |

Primary Purpose

Provide drug and alcohol recovery services for non-violent offenders. This is the last step before entering into the penal system. DARP has the capacity to assist both male and female clients and served a total 286 clients during this period. Over the last 10 years this program has been so successful and changed so many lives that there are two other programs that have been blueprinted from this one. DARP has saved taxpayers millions of dollars in incarceration costs during this period.

PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 2, Part III

| | |
|--------------------------------------|--|
| Open to Public Inspection | For calendar year 2009 or tax period beginning 08-01, and ending 07-31-2010. |
| Name of Organization D.A.R.P. INC | Employer Identification Number 73-1611805 |

Primary Purpose

Provide drug and alcohol recovery services for non-violent offenders. This is the last step before entering into the penal system. DARP has the capacity to assist both male and female clients and served a total 286 clients during this period. Over the last 10 years this program has been so successful and changed so many lives that there are two other programs that have been blueprinted from this one. DARP has saved taxpayers millions of dollars in incarceration costs during this period.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

| | |
|---------------------------|--|
| Open to Public Inspection | For calendar year 2009, or tax period beginning 08-01-2009, and ending 07-31-2010. |
|---------------------------|--|

| | |
|--------------------------------------|--|
| Name of Organization D.A.R.P. INC | Employer Identification Number 73-1611805 |
|--------------------------------------|--|

Part III - Statement of Program Service Accomplishments

| | | | | | |
|------|----------|---------|----------------------|---------|---------|
| Code | Expenses | 927,453 | including Grants of. | Revenue | 976,273 |
|------|----------|---------|----------------------|---------|---------|

Exempt Purpose Achievements

Provide drug and alcohol recovery services

BOOKS ARE IN CARE OF

Attachment 4: Form 990 Page 6, Part VI, Section C, Line 20

| | |
|--------------------------------------|--|
| Open to Public Inspection | For calendar year 2009 or tax period beginning 08-01, and ending 07-31-2010. |
| Name of Organization D.A.R.P. INC | Employer Identification Number 73-1611805 |
| Part VI - Line 91a | |

Individual Name _____
or
Business Name
TAXES TODAY

Street Address 14754 E. 33RD

U S Address

Zip code 74134 City Tulsa State OK

or

Foreign Address

City ...

Province or State ..

Country

Postal code ..

Phone Number (918) 794-2789

Fax Number (918) 794-2789

Attachment 5: Form 990 Page 10, Line 24 - Other Expenses

Inspection

Name of Organization
D.A.R.P. INC

| Other Expenses | (A) Total | (B) Program Services | (C) Management and General | (D) Fundraising |
|--------------------------|-----------|-------------------------|-------------------------------|-----------------|
| CHARITABLE CONTRIBUTIONS | 6,953 | 6,953 | | |
| REPAIRS/MAINTENANCE | 5,045 | 5,045 | | |
| POSTAGE | 2,122 | | 2,122 | |
| LICENSE/PERMITS | 911 | | 911 | |
| BANK CHARGES | 521 | | 521 | |
| MEALS @ 50% | 387 | | 387 | |
| SECURITY | 349 | | 349 | |
| PEST CONTROL | 310 | | 310 | |
| SMALL TOOLS | 271 | | 271 | |
| EQUIPMENT RENTAL | 251 | | 251 | |
| Total | 17,120 | 11,998 | 5,122 | |

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only . ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

| | | |
|--|---|---|
| Type or print | Name of Exempt Organization D.A.R.P. INC | Employer identification number 73-1611805 |
| File by the due date for filing your return See instructions | Number, street, and room or suite no If a P O box, see instructions 14100 NORTH 477 ROAD | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions Tahlequah OK 74464 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

COPY

- The books are in the care of ► See attachment #4

Telephone No ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 20 11, to file the exempt organization return for the organization named above The extension is for the organization's return for

- ☐ calendar year 20 ____ or
► ☒ tax year beginning AUGUST 01, 20 09, and ending JULY 31, 20 10

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|--|-----------|----|---|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. | 3a | \$ | 0 |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | 0 |
| c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | \$ | 0 |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)